# Attachment A General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

See Kansas TANF State Plan, pp. 6-7

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

See Kansas TANF State Plan, pp. 8-9

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

See Kansas TANF State Plan, pp. 8-11

- 4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:
  - i. Licensed/regulated in-home child care: 0
  - ii. Licensed/regulated family child care: 0
  - iii. Licensed/regulated group home child care: 0
  - iv. Licensed/regulated center-based child care: 0
- v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 0
- vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0
- vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0
- viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0
- ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0
- x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0
- xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0

5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

See Kansas TANF State Plan, pp. 4-5, regarding the family violence option. Twenty-four local TANF offices have an on-site domestic violence advocate for safety planning and crisis counseling. An additional 16 local TANF offices are served by domestic violence advocates. Following is more detailed information about the implementation of the family violence option in Kansas: TANF recipients who are victims of domestic violence/sexual assault (DV/SA) may be placed in the domestic violence/sexual assault component (commonly referred to as OARS (Orientation, Assissment, Referral, and Safety)) in cases where work program compliance in other components would: 1. Make it more difficult for such individuals and/or their children to escape domestic violence, or 2. Unfairly penalize those who are or have been victimized by such violence or who are at risk of further domestic violence. When determining the existence of DV/SA as a barrier to employment or for determining good cause for noncompliance with work program activities, an individual's statement and one corroborating piece of evidence shall ordinarily meet the burden of proof. In extremely rare situations a written statement from the victim meets the burden of proof. When an individual discloses domestic violence/sexual assault, case managers do not require the victim to participate in specific work activities that could jeopordize her safety or children's safety. Disclosure of domestic violence and acceptance of work program modifications is voluntary on the part of the victim. At any time, a victim may choose not to discuss domestic violence/sexual assault issues and choose not to be placed in OARS. At that point, placement in other activities is required. Local area staff are responsible for the following: > Screen and identify individuals who are receiving TANF assistance to determine current or past history of domestic violence/sexual assault, while maintaining the confidentiality of such individuals. > Provide or obtain individual safety assessments and develop temporary safety and service (OARS) plans that protect victims from any immedicate dangers, stabilize their living situations, and explore avenues for achieving economic independence. The safety/service plans are developed by a person trained in domestic violence and follows the guidelines listed below: a. OARS plans constitute all or part of the TANF Self-Sufficiency Agreement b. The plans identify the specific program requirements from which and individual is excused c. The plans reflect the alternative services chosen as a result of the indiviualized assessment and any revisions indicated by subsequent re-determinations d. The plans are safety-focused and, where appropriate, contain employment goals. To meet the component requirements, OARS participants are required to participate in the development and execution of a plan that includes appropriate and safe activities. Local DV/SA staff team with the TANF case manager to refine the self-sufficiency plan to reflect placement or removal from components and

to provide the necessary TANF support services. Penalties are not applied for failure to comply with OARS work component activities. OARS participants who do not follow through with OARS activities are reassessed and, if appropriate, reassigned to OARS activities, or if no longer desiring OARS participation, reassigned to other work program activities. A reassessment takes place at least every six months to determine if the family violence option is still necessary and if the service plan remains appropriate. Aggegate figure for the total number of good cause domestic violence waivers granted: During fiscal year 2010, 2,156 TANF recipients disclosed domestic violence issues. During the fiscal year, 2,028 persons were determined to require a domestic violence waiver. (Some of these were continuations from the prior year.)

- 6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:
- i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;
- <u>ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;</u>
- iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work. 1) Kansas provided dental care to adults with dependent children in the home who had income under the Kansas median income level of \$56,857. Services were provided between June 1 and September 30th, 2010. 2) Kansas Earned Income Tax Credit - to eligible families who met the federal earned income tax credit. 3) Summer Utility benefit - payment to TANF eligible families to assist with an increase in utilities during the summer. Payment occured one time in May, 2010. 4) Back to School payment payment to TANF eligible families who had a school age child, 3-17, in the home. Payment occured one time in July, 2010. 5) Salvation Army Harbor Light Village - payment to families with income less than the Kansas median income limit of \$56,857 to prevent homelessness in the Kansas City Metro area. 6) Emergency Shelter - Provide services to families which allow a child to remain in the home. Family income must be lower than the Kansas medium income limit of \$56,857.
- 7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

  See Kansas TANF State Plan, pp. 11-13
- 8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d)

#### of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

See Kansas TANF State Plan, pp. 23-25

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

See Kansas TANF State Plan, pp 23-25

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 0

### Attachment B 0 Grantee Information

State KANSAS Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Temporary Assistance to Families (TAF)

- 2. Description of the Major Program Benefits, Services, and Activities:
  See Kansas TANF State Plan, "Temporary Assistance to Families (TAF), pp. 1-14
- 3. Purpose(s) of Benefit or Service Program:

See Kansas TANF State Plan, "Temporary Assistance to Families (TAF), p. 1

- 4. Program Type. (Check one)
- TANF State
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

NA

- 6. Total State Expenditures for the Program for the Fiscal Year: \$11,181,067
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$11,181,067
- 8. Total Number of Families Served under the Program with MOE Funds: 14,588

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See Kansas TANF State Plan, "Eligibility", pp. 1-2

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Attachment B 1 Grantee Information

State KANSAS

Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

**Emergency Shelter** 

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, p. 15
- 3. Purpose(s) of Benefit or Service Program:

See Kansas State Plan, p. 15, "Maintenance of Effort (MOE) Expenditures". No MOE expenditures are claimed for the cost of foster care or for children who are in foster care, except for temporary emergency placements during an investigation of reported abuse or neglect. MOE expenditures are claimed for doing assessments of families reported for abuse and neglect and for providing services to keep families together and the children in the home of their parents, in keeping with the first goal of the TANF program.

- 4. Program Type. (Check one)
- TANF O State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

NΔ

- 6. Total State Expenditures for the Program for the Fiscal Year: \$1,118,224
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,118,224
- 8. Total Number of Families Served under the Program with MOE Funds: 2,421

This last figure represents (Check one):

- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See Kansas TANF State Plan, p. 15

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# Attachment B 2 Grantee Information

**State KANSAS** 

Fiscal Year 2010

### Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

**Family Preservation** 

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, pp. 15-16
- 3. Purpose(s) of Benefit or Service Program: See Kansas TANF State Plan, pp. 15-16
- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

NA

- 6. Total State Expenditures for the Program for the Fiscal Year: \$6,495,645
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,138,461
- 8. Total Number of Families Served under the Program with MOE Funds: 2,834

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:
- # Having a child at risk of out-of-home placement # Family income below the Kansas Median Income Level of \$56,857 # Services and assistance necessary to meet the family preservation need are allowable if the assistance is not provided under Title IV-E or Title XIX
- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Attachment B 4 Grantee Information

**State KANSAS** 

Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Four Year Old at Risk Program

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, p. 16
- 3. Purpose(s) of Benefit or Service Program:

See Kansas TANF State Plan, p. 16

- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

NA

- 6. Total State Expenditures for the Program for the Fiscal Year: \$18,564,928
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$18,564,928
- 8. Total Number of Families Served under the Program with MOE Funds: 7,119

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See Kansas TANF State Plan, p. 16

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Attachment B 5 Grantee Information

State KANSAS Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Kansas Early Head Start

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, p. 16
- 3. Purpose(s) of Benefit or Service Program:

See Kansas TANF State Plan, p. 16

- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

Community Service, work experience, employment, training and education

- 6. Total State Expenditures for the Program for the Fiscal Year: \$3,264,920
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,264,920
- 8. Total Number of Families Served under the Program with MOE Funds: 1,177

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See Kansas TANF State Plan, p.16. MOE expenditures are claimed for health and social services provided to pregnant women and families with young children. These services help keep teen parents in school and reduce the incidence of out-of-wedlock pregnancies as well as encourage the formation and maintenance of healthy two-parent familes, in keeping with the third and fourth goals of the TANF program.

10. Prior Program Authorization	n: Was this	program	authorized	and a	lowable
under prior law? (Check one)					

O Yes © No.

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# Attachment B 6 Grantee Information

**State KANSAS** 

Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

State Earned Income Tax Credit (EITC)

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, pp. 16-17
- 3. Purpose(s) of Benefit or Service Program:

See Kansas TANF State Plan, pp. 16-17

- 4. Program Type. (Check one)
- TANF State
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

NA

- 6. Total State Expenditures for the Program for the Fiscal Year: \$39,662,054
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$25,615,497
- 8. Total Number of Families Served under the Program with MOE Funds: 107,320

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See Kansas TANF State Plan, pp 16-17

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# Attachment B 7 Grantee Information

State KANSAS Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

**TAF Child Care** 

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, p. 17
- 3. Purpose(s) of Benefit or Service Program:

See Kansas TANF State Plan, p. 17

- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

NA

- 6. Total State Expenditures for the Program for the Fiscal Year: \$12,718,036
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$11,279,322
- 8. Total Number of Families Served under the Program with MOE Funds: 1,794

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must be a TANF cash recipient who is working or participating in a work or training activity.

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# Attachment B 8 Grantee Information

**State KANSAS** 

Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

**Urgent Dental Care** 

- 2. Description of the Major Program Benefits, Services, and Activities: See Kansas TANF State Plan, p. 17
- 3. Purpose(s) of Benefit or Service Program:

See Kansas TANF State Plan, p. 17

- 4. Program Type. (Check one)
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

NA

- 6. Total State Expenditures for the Program for the Fiscal Year: \$18,322
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$18,322
- 8. Total Number of Families Served under the Program with MOE Funds: 135

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See Kansas TANF State Plan, p. 17

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Certification Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."



**Name** Judy Kennedy

**Title TANF Program Manager, Kansas** 

Date Submitted 12/28/2010

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.

#### **Attachment to ACF-204**

#### **Attachment B**

- 1. Four Year-Old at Risk Program
  - a. Question 10: No
  - b. Question 11: \$0 This program began in School Year 2005-2006
- 2. Kansas Early Head Start
  - a. Question 10: No
  - b. Question 11: \$0 This program began in State Fiscal Year 1999
- 3. State Earned Income Tax Credit
  - a. Question 10: No
  - b. Question 11: \$0 This program began in tax year 1999
- 4. Urgent Dental Care
  - a. Question 10: No
  - b. Question 11: \$0 This program began in tax year 2010

#### Attachment to ACF-204

### Attachment A

Question #4: See Kansas TANF State Plan, "Child Care Disregards," p. 3.